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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. | END-5017NP |
| | | First Inventor | James W. Voegelé et al. |
| | | Title | MULTIFUNCTIONAL SURGICAL INSTRUMENT |
| | | Express Mail Label No. | ER 593 030 346 US |

15750 U.S. PTO
 22553 U.S. PTO
 10/777708

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| APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small> | | ADDRESSED TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 12] <small>(Preferred arrangement set forth below)</small> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 12] 5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other | |
| 18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed . Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA | | | |
| 20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Verne E. Kreger, Jr. at: Telephone: (513) 337-3295 Fax: (732) 524-2808 | | | |
| 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | |
| NAME | Verne E. Kreger, Jr. Reg. No. 35,231 | | |
| SIGNATURE |  | | |
| DATE | February 12, 2004 | | |

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| FEE TRANSMITTAL | <i>Complete if Known</i> | |
| | Application Number | |
| | Filing Date | February 12, 2004 |
| | First Named Inventor | James W. Voegele et al. |
| | Group Art Unit | Not assigned |
| | Examiner Name | Not assigned |
| | Attorney Docket Number | END 5017NP |


FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------|--------------------------|--------------|-------------------|-----------------------|
| FOR: | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$770.00 |
| TOTAL CLAIMS | 8 - 20 = | 0 | x 18.00 | \$ 0.00 |
| INDEPENDENT CLAIMS | 2 - 3 = | 0 | x 86.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/> | N/A | \$280.00 | |
| | | | TOTAL FEES | \$ 770.00 |

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-5017NP/VEK in the amount of \$770.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-5017NP/VEK. Three copies of this sheet are enclosed.

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| SUBMITTED BY: | | <i>Complete (if applicable)</i> |
| Typed or Printed Name | Verne E. Kreger, Jr. | Reg. No. 35,231 |
| Signature |  | Date: February 12, 2004 |
| | | Deposit Account No. 10-0750 |